

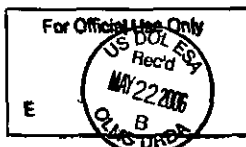
U S Department of Labor
Office of Labor-Management
Standards
Washington DC 20210

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1/15-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines or civil penalties as provided by 29 U.S.C. 438 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 25729	2 Fiscal Year Covered From 1 / 1 / 2005 Through 12 / 31 / 005
3 Name and address of person filing Name Michael J Swan P O Box Bldg Room No if any Street 6900 Heise Road City Clarence State New York ZIP Code +4 14032	4 Name file number and address of labor organization Name USW Local Union 2857 9436 Labor Organization File Number 012-860 P O Box Building and Room Number if any Street 110 - 24 TH STREET City NIAGARA FALLS State New York ZIP Code +4 14303
5. Position in labor organization. Grievance Chairperson	

Enter appropriate data below if, during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Allegheny Technologies Trade Name, if any ALLVAC Aldach Plant P O Box Bldg Room No if any Street 695 Ohio Street City Lockport State New York ZIP Code +4 14094	7.a. Nature of Interest, Transaction or Income Company called labor-management meetings Travel expenses and hotel 7.b. Amount \$356

Signature

15. Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

5/12/06
Date

716-574-8892
Telephone Number

Name of Person Filing Michael Swan		File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested	
8 Name and address of Business (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	9 Business deals with a Labor Organization b Trust c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name if any P O Box, Bldg Room No. if any Street City State ZIP Code + 4	11 a Nature of such dealing
	11 b Approximate dollar value of such dealing
	12 a Nature of interest held or income received
	12 b Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	14.a Nature of payment.
13 b. Is the Business an Employer or Consultant ?	14 b Amount of payment.